Notice of Exempt

Offering of Securities

MAR 0.9 2009

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

U.S. Securities and Exchange Commission Washington,

(See Instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076

Expires: March 31, 2009

Estimated average burden hours per response: 4.00

Item 1. Issuer's Identity Entity Type (Select one) Previous Name(s) None Name of Issuer American Private Equity Partners III, L.P. ☐ Corporation Jurisdiction of Incorporation/Organization ☐ Limited Liability Company Delaware ☐ General Partnership Business Trust Year of Incorporation/Organization ☐ Other (Specify) (Select one) 2007 O Yet to Be Formed Over Five Years Ago Within Last Five Years (specify year) (If more than one issuer is filing this notice, check this box 🗆 and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).) Item 2. Principal Place of Business and Contact Information Street Address 2 Street Address 1 4151 Amon Carter Blvd., MD 2450 State/Province/Country ZIP/Postal Code Phone No. City (817) 967-3509 Forth Worth Texas 76155 Item 3. Related Persons Last Name First Name Middle Name American Private Equity Management, LLC Street Address 2 Street Address 1 4151 Amon Carter Blvd., MD 2450 State/Province/Country ZIP/Postal Code City Fort Worth Texas 76155 Relationship(s): □ Director Promoter Clarification of Response (if Necessary) General Partner of Issuer (Identify additional related persons by checking this box 🔀 and attaching Item 3 Continuation Page(s).) (Select one) Item 4. Industry Group O Business Services O Agriculture Construction **Banking and Financial Services** Energy **REITS & Finance** Commercial Banking **Electric Utilities** Residential Other Real Estate **Energy Conservation** insurance O Retailing Investing Coal Mining Restaurants Investment Banking **Environmental Services** Technology Oil & Gas Pooled Investment Fund

Other Energy

Biotechnology

Health Insurance

Pharmaceuticals

Other Health Care

Hospitals & Physicians

Health Care

Manufacturing

Real Estate

Commercial

If selecting this industry group, also select one fund

Is the issuer registered as an investment

Company under the Investment Company

Type below and answer the question below:

Hedge Fund

Private Equity Fund

Venture Capital Fund

Act of 1940? O Yes

Other Banking & Financial Services

Other Investment Fund

Computers

Travel

O Other

Telecommunications

Other Technology

Airlines & Airports

Other Travel

Lodging & Conventions

Tourism & Travel Services

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item 5. issuer size (Select one)	<u></u>			
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)		spe Iten	regate Net Ass cifying "hedge n 4 above)	set Value Range (for issuer " or "other investment" fund in
O No Revenues	C		<u> </u>	ate Net Asset Value
O \$1 - \$1,000,000		(D \$1 - \$5,00	
O \$1,000,001 - \$5,000,000				1 - \$25,000,000
S5,000,001 - \$25,000,000				01 - \$50,000,000
S25,000,001 - \$100,000,000			^	01 - \$100,000,000
Over \$1,000,000,000		(Over \$1,0	
Decline to Disclose			Decline to Not Applie	
O Not Applicable		,	O Not Applic	cable
Item 6. Federal Exemptions and Exclusion	ns Claimed	(Select all	that apply)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)		Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2)		Section 3(c)(10)
☐ Rule 504(b)(1)(ii)	Section 3(c)(3)		Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3	c)(4)		Section 3(c)(12)
☐ Rule 505	☐ Section 3(c)(5)		Section 3(c)(13)
⊠ Rule 506	Section 3(• • •	П	Section 3(c)(14)
Securities Act Section 4(6)	Section 3(* * * *	_	,,,,,
Item 7. Type of Filing		,,,		
O New Notice OR • Amendment				
Date of First Sale in this Offering: OR ☐ First Sale Yet to Occur				
		l		
Item 8. Duration of Offering				
Does the issuer intend this offering to last more than one year? ☐ Yes ☐ No				
Item 9. Type(s) of Securities Offered (Select all that apply)				
□ Equity		☐ Pooled	Investment l	Fund Interests
☐ Debt		☐ Tenant	-in-Common	Securities
Option, Warrant or Other Right to Acquire		☐ Mineral	Property Se	curities
Another Security		_	Describe)	
Security to be Acquired Upon Exercise of O Warrant or Other Right to Acquire Security	ption,			
Item 10. Business Combination Transaction				
Is this offering being made in connection with a business combination Yes No transaction, such as a merger, acquisition or exchange offer?				
Clarification of Response (if Necessary)				

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Item 11. Minimum Investment				
Minimum investment accepted from any outside investo	r \$ 250,000			
Item 12. Sales Compensation				
Recipient Foreside Fund Services, LLC	Recipient CRD Number 46106 No CRD Number			
(Associated) Broker or Dealer 🔀 None	Associated Broker or Dealer CRD Number No CRD Number			
Street Address 1	Street Address 2			
Three Canal Plaza, Suite 100				
City State/Provide Maine	nce/Country ZIP/Postal Code 04101			
States of Solicitation 🛛 All States				
□ AL □ AK □ AZ □ AR □ CA □ CO	CT DE DC FL GA HI DD			
□IL □IN □IA □KS □KY □LA				
MT NE NV NH NJ NW				
RI SC SD TN TX UT	VT VA WA WV WV WI WY PR pensation by checking this box and attaching Item 12 Continuation Page(s).			
Item 13. Offering and Sales Amounts	periode by checking this box [] and decaching feeling teem 12 continuation ago(s),			
(a) Total Offering Amount \$ 250,000,000.	00 OR Indefinite			
(b) Total Amount Sold \$ 18,943,270				
(c) Total Remaining to be Sold \$ 231,056,730	OR Indefinite			
(Subtract (a) from (b))				
Clarification of Response (if Necessary)				
				
Item 14. Investors				
Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:				
Enter the total number of investors who already have invested in the offering:				
Item 15. Sales Commissions and Finders' Fees Ex	penses			
estimate and check the box next to the amount.	finders' fees expenses, if any. If an amount is not known, provide an			
Sales Commi	issions \$ 18,000 \overline{\text{\ti}}\text{\tinit}\text{\ti}\text{\texi}\titt{\text{\text{\text{\text{\texi}\titt{\text{\texi}\tint{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text			
Finders	'Fees \$ Estimate			
Clarification of Response (if Necessary)				
The estimate provided is for annual sales commissions.				

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n or is proposed to be \$ N/A Estimate cutive officers, unknown, provide an				
of Submission below before signing and submitting this notice.				
r is:				
illed of the offering of securities described and undertaking to furnish information furnished to offerees. the Securities Administrator or other legally designated officer of the any State in which this notice is filed, as its agents for service of half, of any notice, process or pleading, and further agreeing that such State action, administrative proceeding, or arbitration brought against, if the action, proceeding or arbitration (a) arises out of any activity in stice, and (b) is founded, directly or indirectly, upon the provisions of: a Trust Indenture Act of 1939, the Investment Company Act of 1940, or my of these statutes; or (ii) the laws of the State in which the issuer ice is filed. In, the issuer is not disqualified from relying on Rule 505 for one of the onal Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No.				
104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)				
Name of Signer				
Rosemary Behan				
Title				
Secretary of the General Partner of the issuer				
Date				
March <u>5</u> , 2009				

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Items 3 Continuation Page

Item 3. Related Persons (Continued)					
Last Name	First Name	Middle Name			
Quinn	William	F.			
Street Address 1	Street	Address 2			
4151 Amon Carter Blvd., MD 2450					
City Sta	ate/Province/Country ZIP/Po	ostal Code			
Fort Worth Te	xas 76155				
Relationship(s): 🔀 Executive	Officer Director] Promoter			
Clarification of Response (if Necessary)	President of the General Partner				
Last Name	First Name	Middle Name			
Harris	Rebecca	L.			
Street Address 1	Street	Address 2			
4151 Amon Carter Blvd., MD 2450					
City Sta	ate/Province/Country ZIP/Po	ostal Code			
Fort Worth Te	xas 76155				
Relationship(s): 🛛 Executive	Officer Director] Promoter			
Clarification of Response (if Necessary)	Treasurer of the General Partner				
Last Name	First Name	Middle Name			
Behan	Rosemary				
Street Address 1	Street	Address 2			
4151 Amon Carter Blvd., MD 2450					
City Sta	ate/Province/Country ZIP/Po	ostal Code			
Fort Worth Te	xas 76155				
Relationship(s): 🛛 Executive	Officer Director] Promoter			
Clarification of Response (if Necessary) Secretary of the General Partner					
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Last Name First Name Middle Name					
]				
Street Address 1 Street Address 2					
City Sta	ite/Province/Country ZIP/Po	ostal Code			
Relationship(s):	Officer Director] Promoter			
Clarification of Response (if Necessary)					
ニン(グ)					